

**CITY OF LINCOLN, NEBRASKA****UNIT PRICE QUOTATION****ELECTRICAL SERVICES, 03-010****Date:** \_\_\_\_\_**TO DEPARTMENT/AGENCY REPRESENTATIVE:** \_\_\_\_\_**FROM (CONTRACTOR):** \_\_\_\_\_**PROJECT NUMBER:** \_\_\_\_\_**PROJECT DESCRIPTION:** \_\_\_\_\_

When making a quotation please breakdown the Total Cost into the following categories: Labor, Materials, Equipment, Overhead and Subcontractors Costs. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

**TIME OF COMPLETION**

|                            |  |
|----------------------------|--|
| Estimated Start Date       |  |
| Number of Days to Complete |  |

**LABOR COST TABLE**

| CONTRACTOR                | RATE | NO. HOURS | TOTAL \$ AMOUNT |
|---------------------------|------|-----------|-----------------|
| Master Electrician        |      |           |                 |
| Journeyman Electrician    |      |           |                 |
| Electrician's Apprentince |      |           |                 |
| Laborer:                  |      |           |                 |
| Other                     |      |           |                 |
|                           |      |           |                 |
| <b>TOTAL LABOR</b>        |      |           |                 |

**EQUIPMENT AND MATERIAL COSTS**

| ITEM                  | COST | % O. & P. | TOTAL \$ AMOUNT |
|-----------------------|------|-----------|-----------------|
| Total Equipment Costs |      |           |                 |
| Total Materials Cost  |      |           |                 |
| Total Shipping Cost   |      |           |                 |

**O. & P. ON SUBCONTRACTORS COSTS**

| SUB-CONTRACTOR (NAME) | COST | % O. & P. | TOTAL \$ AMOUNT |
|-----------------------|------|-----------|-----------------|
| Sub No. 1             |      |           |                 |
| Sub No. 2             |      |           |                 |
| Sub No. 3             |      |           |                 |
| Sub No. 4             |      |           |                 |
| Sub No. 5             |      |           |                 |

**TOTAL PRICE (NOT TO EXCEED)**

\$

**FIRM:** \_\_\_\_\_**BY:** \_\_\_\_\_**ADDRESS:** \_\_\_\_\_

Change Order #: \_\_\_\_\_

Accepted: \_\_\_\_\_

Not Accepted: \_\_\_\_\_

**PHONE** \_\_\_\_\_**APPROVED BY:** \_\_\_\_\_

f:/files/sharpurc/spec03/UPQ MiscElectrical Serv.qp

Department/Agency Representative

**DATE:** \_\_\_\_\_